MDR TRACKING#: M4-03-7027-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-14-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 99070ST, 99070AS, 99499RR, 72020-27, and 76000.

II. FINDINGS & RATIONALE

Services were reduced based upon a negotiated contract. Requestor contends that a contract does not exist; therefore, services will be reviewed per *Medical Fee Guideline*.

DOS	CPT	Billed	Paid	EOB	MAR\$	Reference	Rationale
	CODE			Denial	(Maximum		
				Code	Allowable		
					Reimbursement)		
12-27-02	99070ST	\$179.40	\$135.10	C	DOP	Surgery GR	The requestor submitted EOBs
1-21-03			\$125.00			(V)(B)(1-2)	from AIGCS and Gallagher
2-5-03			\$100.00			Rule	Bassett to support position that
12-27-02	99070AS	\$588.30	\$169.46	C	DOP	133.307(g)(3)(D)	amount billed was fair and
1-21-03		\$545.50	\$208.96				reasonable. The EOBs below
2-5-03		\$554.50	\$208.96				revealed different amounts
12-27-02	99499RR	\$300.00	\$115.60	C	DOP		billed and paid for similar
1-21-03			\$100.00				service; therefore, requestor
2-5-03			\$100.00				failed to support position that
							additional reimbursement is
							due.

Redacted EOB from other insurance carrier's indicated the following:

Insurance Carrier	CPT CODE	Billed	Paid
AIGCS	99070ST	\$588.30	\$588.30
	99070AS	\$417.40	\$417.40
	99499RR	\$300.00	\$255.00 per
			contract
Gallagher Bassett	99070ST	\$179.40	\$152.49
	99070AS	\$626.50	\$532.53
	99499RR	\$218.08	\$300.00
Gallagher Bassett	99070ST	\$180.08	\$153.34
	99070AS	\$639.00	\$543.15
	99499RR	\$218.08	\$100.00 per
			contract
Gallagher Bassett	99070ST	\$179.40	\$179.40
	99070AS	\$655.50	\$655.50
	99499RR	\$218.08	\$300.00

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT codes, 99070ST, 99070AS and 99499RR.

The above Findings and Decision are hereby issued this 22nd day of February 2005.

Elizabeth Pickle Medical Dispute Resolution Officer Medical Review Division